

TRANSMITTAL FORM

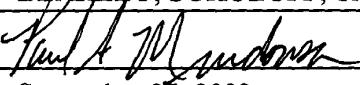
(to be used for all correspondence after initial filing)

		Application No.	10/651,376
		Filing Date	August 29, 2003
		First Named Inventor	Shubhendu S. Mukherjee
		Art Unit	Not Assigned
		Examiner Name	Not Assigned
Total Number of Pages in This Submission		Attorney Docket Number	42P15452

ENCLOSURES (check all that apply)

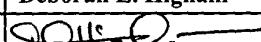
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> - 5 Cited References <input type="checkbox"/> - Return Receipt Postcard	

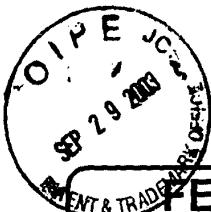
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 25, 2003

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Deborah L. Higham
Signature	
Date	September 25, 2003



FEET TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
0.00

Complete if Known	
Application Number	10/651,376
Filing Date	August 29, 2003
First Named Inventor	Shubhendu S. Mukherjee
Examiner Name	Not Assigned
Group/Art Unit	Not Assigned
Attorney Docket No.	42P15452

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number
02-2666

Deposit Account Name
Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)			

2. EXTRA CLAIM FEES

Total Claims	29	29*	=	0	X	18.00	=	\$0.00	Fee Paid
Independent Claims	4	4*	=	0	X	84.00	=	\$0.00	
Multiple Dependent									

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple Dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)			0.00

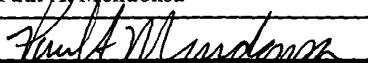
**or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2053	130	2053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1404	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	2451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	2460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	1809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone (503) 684-6200
Signature			Date	09/25/03

Based on PTO/SB/17 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 08/11/2003.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Docket No.: 42P15452

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

SHUBHENDU S. MUKHERJEE, ET AL.

Application No.: 10/651,376

Filed: August 29, 2003

For: **INCREMENTAL CHECKPOINTING IN
A MULTI-THREADED
ARCHITECTURE**

Art Group: Not Assigned

Examiner: Not Assigned

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure, enclosed is a copy of Information Disclosure Statement by Applicant (form PTO/SB/08), which is being submitted within three (3) months of filing of the application. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s). Copies of the references cited on PTO/SB/08 are enclosed herewith.

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Please charge any fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

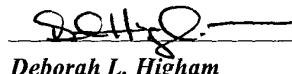


Paul A. Mendonsa, Reg. No. 42,879

Date: September 25, 2003

12400 Wilshire Blvd., 7th Floor
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(503) 684-6200

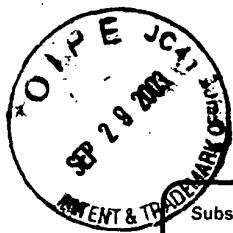
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Deborah L. Higham

09-25-03

Date



Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

Sheet 1 of 1

<i>Complete if Known</i>	
Application Number	10/651,376
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Art Unit	Not Assigned
Examiner Name	Not Assigned
Attorney Docket Number	42P15452

NON PATENT LITERATURE DOCUMENTS

Examiner Signature	Date Considered
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***Examiner:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

***Applicant's unique citation designation number. ²Applicant is to place a check mark here if English language Translation is attached.**

Based on PTO/SB/08B (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wir) 08/11/2003.
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